

**MULTIPLE DEPENDENT CLAIM
FEES CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.

FILING DATE

APPLICANT

Brooker
10/03/1996

CLAIMS

| | AS FILED | | AFTER 1st AMENDMENT | | AFTER 2nd AMENDMENT | |
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| | IND. | DER. | IND. | DER. | IND. | DER. |
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| TOTAL IND. | 5 | | 1 | | 1 | |
| TOTAL DER. | 37 | | | | | |
| TOTAL CLAIMS | 42 | | | | | |

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| TOTAL IND. | | | | | | |
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| TOTAL CLAIMS | | | | | | |

* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS

FORM 875 (REV. 3-73)

U.S. DEPARTMENT OF COMMERCE
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